

ATTENTION CHEATHAM COUNTY ELECTION COMMISSION

I formally "Request an Absentee Ballot" based upon the following information.

1) PRINT NAME _____

2) ADDRESS ON
VOTER REGISTRATION _____

3) MAIL MY ABSENTEE
BALLOT TO THIS ADDRESS _____

4) MY SOCIAL SECURITY # IS _____

5) MY LEGAL REASON FOR VOTING ABSENTEE (Check One)

____ I am over 65 years of age. Date of Birth _____

____ I will be outside of this county during all hours of early voting and Election Day.

____ I have filed a Doctor's Statement stating I am medically unable to vote in person.

____ I am a member of the military, or I am a family member to the member of the military.

____ I reside in a licensed facility providing relatively permanent domiciliary care (Nursing Home).

____ I am hospitalized, ill or physically disabled or I am a caretaker of a person who is.

____ I am a candidate. ____ I am an election official.

____ I am an overseas citizen. ____ I am on jury duty in a state or federal court.

____ I have a Commercial Drivers License & will be out of county (early voting & Election Day).

***My CDL # is _____

____ I am observing a religious holiday that prevents me from voting early or on Election Day.

____ OTHER: _____

6) I WISH TO VOTE IN THE _____
(DATE AND NAME OF ELECTION)

7) SIGNATURE OF VOTER _____

All items (1 - 7) must be completed to make this request a "Properly Completed Application to Vote by Mail."

FORWARD BOTH PAGES OF THIS INFORMATION TO:

CHEATHAM COUNTY ELECTION COMMISSION
188 COUNTY SERVICES DRIVE, SUITE 100
PHONE # (615) 792-5770

OR FAX BOTH PAGES OF THE COMPLETED FORM TO:
(615) 792-2014

FOR CHEATHAM COUNTY ELECTION OFFICE USE:

(Circle One) This Request has been: Approved - Rejected on _____ by _____

Voting Precinct/District _____ Application Signature _____

Ballot Sent _____ Ballot Rcvd _____ Ballot Affidavit Signature _____

BALLOT INFORMATION: